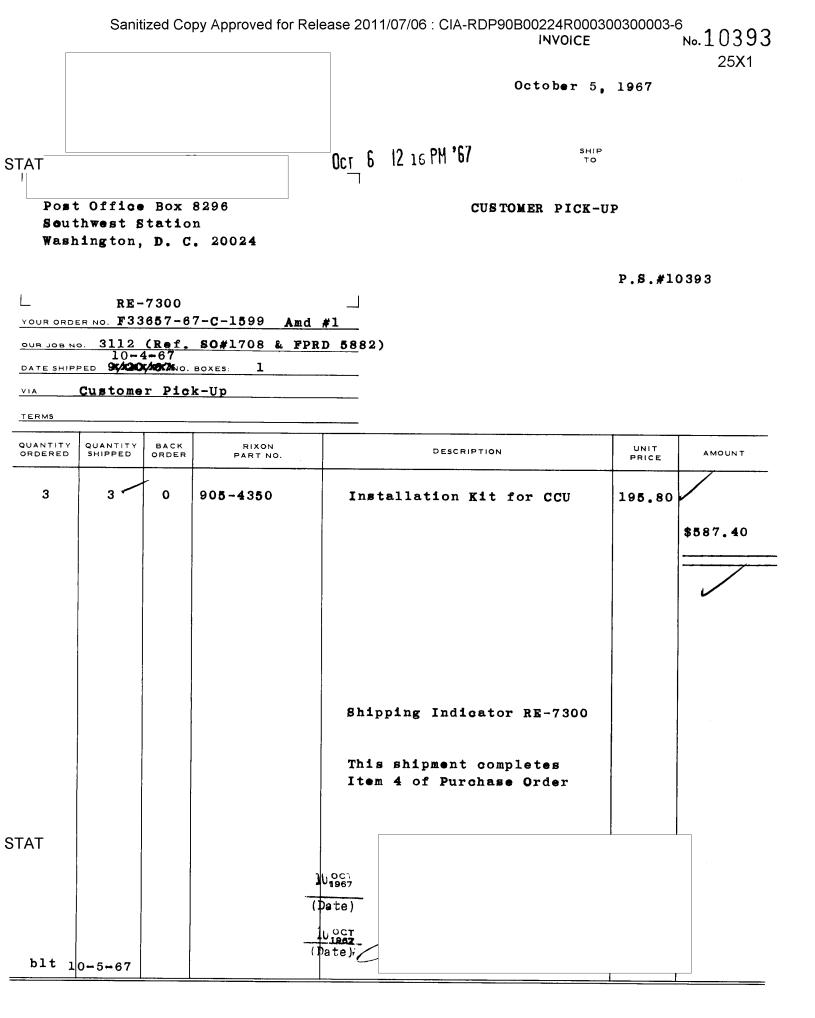
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SECRET (When Filled In) VOUCHER NO.-DATE 2-12 REQUEST FOR PAYMENT AND POSTING VOUCHER Accounts Division Monetary Division Bldg. Bldg. TO : THROUGH: (Room 2201 (Room Request payment be made and/or transaction be recorded as indicated below. Pertinent documentation in support of this transaction is on file in this office. 25X1 INVOICE NO (S). SUBJECT PAYMENT T CONTRACT NO. CHECK TO BE DATED TAUC AGENT CASHIER CHECK BANK CASHIER'S CHECK THE ATTACHED CHECKS AND/OR CASH IN THE AMOUNT OF \$ SHOULD BE TAKEN INTO ACCOUNT AS INDICATED BELOW. OF OFFICIAL FUNDS IN CURRENCY ON MY BEHALF
DATE SIGNATURE OF RECIPIENT AUTHORIZE MY AGENT, WHOSE SIGNATURE APPEARS BELOW, TO RECEIVE \$
SIGNATURE OF PAYEE DATE SIGNATURE OF AGENT DESCRIPTION-ALL OTHER ACCOUNTS 13-33 48-49 50 CA OR 55-56 ALLOT.-COST-FAN ACCOUNT SYMBOL 51-54 67-70 OBJECT CLASS 71-80 AMOUNT GENERAL LEDGER ACCT, NO DESCRIPTION-ADVANCE ACCOUNTS 13-27 SHIP. DOC. NO. REC. RPT. NO. LIQ. CREDIT PROJECT NO. X REF. NO. 142417161-25X1 TOTALS REVIEWED BY CERTIFIED FOR PAYMENT OR CREDIT DATE SIGNATURE OF CERTIFYING OFFICER (Signed) SECRET GROUP I EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

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MATERIAL INSPECTION AND RECEIVING REPORT		1. PROC. INST! NT IDEN(CONTRACT) (ORDER RE7300 F33657-67-C-1599			(ORDER) NO.	NO. L OICE		7. PAGE	OF   1
						DATE			8. ACCEPTANCE POINT
SHIPMENT NO.	3. DATE SHIPPED	4. B/L TCN			5. DISCOUN		DAYS	***	
RIME CONTRA	ACTOR CODE	1		10. ADMINIS			CODE		05)//
			DB: <b>S</b>	12. PAYMEN	T WILL BE MADE B	<u> </u>	CODE		25X1
SHIPPED TO	CODE	T		14. MARKEI	FOR		CODE		
ITEM NO.	R PICK UP  16. STOCK/PART NO	). te number of shipping	DESCRIPTIO	DN .	17. QUANTITY SHIP/REC'D*	18. UNIT	19. UNIT PRICE	20.	MOUNT
1	Installati Rixon P/N				3	• ••			
		· <del></del>				200	BECEIVE	nie ues	
1. PROCUREMENT QUALITY ASSURANCE  A. ORIGIN  PQA ACCEPTANCE of listed items has been made or under my supervision and they conform to contract, noted herein or on supporting documents.  B. DEST  Or under my supervision and they conform to contract, noted herein or on supporting of under my supervision and the noted herein or on supporting of the conformation of th					22. RECEIVER'S USE  Quantities shown in column 17 were received in apparent good condition except as noted.				
T 4-6  DATE PED NAME ID OFFICE	DATE				DATE SIGNATURE OF AUTH GOVT RE  TYPED NAME ND OFFICE  *If quantity received by the Government is the same as quantity shipped, indicate by ( ) mark, if different, enter actual quantity received below quantity shipped and encircle.				
CONTRACTO	R USE ONLY						<u></u>		

DD 1 60 250